

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

E AUG 18 2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| | |
|--|--|
| 1 File Number U - <u>9778</u> | 2 Fiscal Year Covered From <u>10</u> / <u>1</u> / <u>03</u> Through <u>9</u> / <u>30</u> / <u>04</u> |
| 3 Name and address of person filing Name <u>JOSEPH</u> <u>PUOPOLLO</u> P O Box, Bldg, Room No, if any _____ Street <u>5615 SUNNYSLOPE AVE</u> City <u>SHELMAN OAKS</u> State <u>CA</u> ZIP Code + 4 <u>91401-4522</u> | 4 Name, file number, and address of labor organization Name <u>HYPOOTHERAPISTS UNION, LOCAL 472, AFL-CIO</u> Labor Organization File Number <u>U-070559</u> P O Box, Building and Room Number, if any <u>#310</u> Street <u>18607 VENTURA BLVD.</u> City <u>TARZANA, CA</u> State <u>CA</u> ZIP Code + 4 <u>91356-4159</u> |
| 5 Position in labor organization <u>RECORDING SECRETARY - HYPOOTHERAPISTS UNION - LOCAL 472, AFL-CIO</u> | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name, if any)

Name _____
Trade Name, if any _____
P O Box, Bldg, Room No, if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

7 a Nature of Interest, Transaction, or Income

NONE

7 b Amount

NONE

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed

Joseph Puopolo

On

7/4/05
Date

818-7869683

Telephone Number

Name of Person Filing

JOSEPH PUGOLLO

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

9 Business deals with☐

a Labor Organization

☐

b Trust

☐

c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing**11 b Approximate dollar value of such dealing****12 a Nature of interest held or income received****12 b Amount**

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

14 a Nature of payment**13 b Is the Business an Employer**

or Consultant

14 b Amount of payment